



*TSW*

Application No. 10/664,394

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On 6/24, 2005

  
Jeffrey D. Myers, Reg. No. 35,964

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/664,394  
Applicant : Amy G. Graham  
Filed : September 16, 2003  
Title : Variable Field of View Optical System

TC/A.U. : 2883  
Examiner : Dinh Chiem

Docket No. : 31451-1017

**AMENDMENT**

Mail Stop: Non-Fee Amendment  
Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action dated March 25, 2005, please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 6 of this paper.

~~06/28/2005 AKELECH1 00000002 10664394~~

~~01 FC:2001 125.00 OP~~

06/29/2005 AKELECH1 00000002 10664394

01 FC:2202 125.00 OP



Filed in Duplicate  
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Amy S. Graham

Serial No.: 10/664,394

Filed: September 16, 2003

For: VARIABLE FIELD OF VIEW OPTICAL SYSTEM:

Examiner: Dinh Chiem

Group Art Unit: 2883

**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment for the above application.

☒ Applicant is a small entity (claimed under 37 CFR 1.27)  
☐ A Petition for Extension of Time accompanies this filing.  
☐ Also enclosed is/are \_\_\_\_\_.

**CALCULATION OF ADDITIONAL CLAIM AND/OR EXTENSION FEES:**

	Remaining CLAIMS: after Amendment		Highest No. Previously Paid For	Present Extra	ENTITY RATE Small OR Large	FEE RATE
TOTAL	25	MINUS	20	5	x \$25.00 = x \$	= =\$125.00 \$
INDEP.	3	MINUS	3	0	x \$ x \$	= =\$ \$
First Presentation of Multiple Dep. Claim					+ \$ + \$	= =\$ \$

**EXTENSION FEES** (One month = \$55 OR \$110, Two months = \$200 OR 400, Three months = \$460 OR \$920)  
MONTH(S)= \$

**TOTAL \$125.00**

A check in the amount of \$125.00 is attached.

☐ Check includes extension of time fee.

☒ No extension of time is required, check is for claim fees only.

For the Commissioner's convenience this transmittal is submitted in duplicate. If any additional fee is required, please charge our Deposit Account No. 13-4213. Please refund any overpayments.

Dated: June 24, 2005

By:

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Jeffrey D. Myers, Reg. No. 35,964

6/24/05